



Family Advocacy Program

Standards

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Self-Assessment Tool

August 1992

**Assistant Secretary of Defense
(Force Management and Personnel)**

REPORT DOCUMENTATION PAGE	1. REPORT NO. DoD 6400.1-M	2.	3. Recipient% Accession No.
4. Title and Subtitle Family Advocacy Program Standards and Self-Assessment Tool			5. Report Date August 1992
			6.
7. Author(s) D. McFerran			8. Performing Organization Rept. No.
9. performing Organization Name and Address Assistant Secretary of Defense (Force Management and Personnel) Washington, DC 20301			10. Project/Task/Work Unit No.
			11. Contract(C) or Grant(G) No. (C) (G)
112. Sponsoring Organization Name and Address			13. Type of Report & Period Covered Manual
			14.
115. Supplementary Notes			
16. Abstract (Limit 200 words) The DoD Family Advocacy Program (FAP) Standards and Self-Assessment Tool Manual contains 191 objective standards for use by the DoD FAP at the installation level as a Quality Assurance Plan. The DoD FAP is a coordinated program that addresses prevention, identification, evaluation, treatment, rehabilitation; follow up, and reporting of child abuse and neglect and spouse abuse. The standards are based upon a complete review of relevant criteria, accepted professional practices and current military FAP practices. Standards are established in the following areas: Organization and Management of the FAP; Family Support (Prevention) Services; Investigation, Assessment of the Complaint, and Disposition of FAP Cases; intervention and Treatment in Child Abuse and Neglect Cases; Intervention and Treatment in Spouse Abuse Cases; Case Accountability in FAP Cases; Staffing for FAP Services; and Program Planning and Program Evaluation. The Self-Assessment Tool provides a mechanism for evaluating the effectiveness and quality of FAP services and assists with resource justification and program planning, development and evaluation for the Military Services and DoD.			
117. Document Analysis a. Descriptors b. Identifiers/Open-Ended Terms c. COSATI Field/Group			
18. Availability Statement Release unlimited for sale by the National Technical Information Service (NTIS)		19. Security Class (This Report) UNCLASSIFIED	21. No. of Pages
		20. Security Class (This Page) UNCLASSIFIED	22. Price



ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301-4000

AUG 20 1992

FORCE MANAGEMENT
AND PERSONNEL

FOREWORD

This Manual is issued under the authority of DoD Directive 6400.1, "Family Advocacy Program," June 23, 1992. It prescribes uniform standards for all installation Family Advocacy Programs (FAPs) and provides installation FAP Officers (FAPOs) with an instrument for executing their programs.

This Manual applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Chairman of the Joint Chiefs of Staff, the Joint Staff, and the Defense Agencies (hereafter referred to collectively as "the DoD Components").

This Manual is effective immediately. All standards in bold print are mandatory for use by all the DoD Components within 1 year of the effective date. The remaining standards are to be implemented incrementally. All are mandatory within 3 years of the effective date. The Heads of the DoD Components may issue supplementary instructions to provide for unique requirements within their respective DoD Components. This manual does not create any rights or remedies and may not be relied upon by any person, organization, or other entity to allege a denial of such rights or remedies.

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Christopher Jehn

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REFERENCES

- (a) DoD Instruction 6400.2, "Child and Spouse Abuse Report, " July 10, 1987
- (b) Public Law 101-647, "Crime Control Act of 1990," November 29, 1990
- (c) DoD Directive 6400.1, "FamilyAdvocacy Program," July 10, 1986
- (d) DoD Directive 5400.11, "Department of Defense Privacy Program, " June 9, 1982
- (e) Public Law 93-579, "Privacy Act of 1974," December 31, 1974

DEFINITIONS

1. **Assessment.** Application of diagnostic methods used in client casework as contrasted with law enforcement investigation methods. (See PSS 4.18, 4.19, 4.21, and 4.22 in Chapter 4, below.)
2. **Case.** A case is a single victim who may be involved in multiple abuse incidents. Individual cases of members of the same family shall be linked in some manner for cross-referencing purposes. (See DoD Instruction 6400.2, reference (a).)
3. **Case Manager.** FAP staff member with primary case responsibility from entry through exit from the FAP system. (See PSS 6.4 and 6.5 in Chapter 6, below.)
4. **Case Review Committee (CRC).** The multi-disciplinary team responsible for reviewing and approving case assessments, determining the status of a case, and monitoring case progress. Acts as an advisory body to the Family Advocacy Committee (FAC). Also called Case Management Team.
5. **Central Registry.** A central management information system maintained by the Service for identifying and recording information on incidents of child and spouse abuse. (See reference (a))
6. **Child.** The term "child" shall include the natural (birth) child, adopted (legally finalized) child, stepchild, foster child, or ward who is a dependent of a military member. The terms shall include an individual of any age who is incapable of self-support because of mental or physical incapacity and for whom treatment in a medical treatment facility has been authorized.
7. **Child Abuse and Neglect.** The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child by a parent, guardian, employee of a residential facility, or any person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of such a responsible person. This term includes offenders whose relationship is outside of the family and includes, but is not limited to, individuals known to the child and living or visiting in the same residence who are unrelated to the victim by blood or marriage, and individuals unknown to the victim.
8. **Clinically-Based Programs.** Those programs that are intended to address and effect change for specific problems. Such programs are based on the accepted conceptual frameworks for understanding and treating psychological and psychosocial issues through behavioral, cognitive, or psychodynamic approaches,

or their offshoots. These programs **are** much less didactic than educationally-based programs and provide deeper emotional experiences and understanding of the nature of abusive and violent behavior. (See PSS 4.38 and 5.33, in Chapters 4 and 5, below.) .

9. Cohabiting Partner. See definition 32., below.

10. Criminal History Background Check. The "Crime Control Act of 1990" (Pub L. No. 101-647, Section 231 (1990), reference (b)) requires that all employees and DoD contract personnel involved in the provision of child care services to children who are under 18 years of age undergo a criminal history background check. "Child care services" is defined as child protective services (including investigation of child abuse and neglect reports), social services, health and mental health care, child (day) care, education (whether or not directly involved in teaching), foster care, residential care, recreational or rehabilitative programs, and detentional, correctional, or treatment services. That shall be as follows

a. Based on fingerprints obtained by law enforcement and other identifying information.

b. Done through the Identification Division of the FBI and the State criminal history repositories of all States that the employee lists as current and former residences.

c. Started through personnel offices.

11. Directive. DoD Order, Directive, Regulation, or Instruction of those of Military Service, major command and/or claimant, or installation.

12. Educationally-Based Program. Those programs whose intent is to convey information and awareness without becoming too involved in the individual or group dynamics. It provides practice exercises to increase self-awareness, but is not aimed at developing psychological insights. (See PSS 4.36 and 5.30, Chapters 4 and 5, below.)

13. Extra-Familial Abuse. Includes abuse by strangers, persons in loco parentis, and child-to-child abuse. (See definition 7., above.)

14. Family Advocacy Committee (FAC). The policy-making, coordination, recommending, and overseeing body for the installation FAP. (See PS 1.13, Chapter 1, below.)

15. FAP Officer (FAPO). A designated officer to manage, monitor, and provide staff supervision of the FAP at the local level. (DoD Directive 6400.1, reference (d)). Each Military Service may define in its FAP directive how these functions may be assigned to one or multiple persons at the local installation. This may include a FAP Manager, a FAP Coordinator, and/or a FA Representative (FAR), etc.
16. Family Advocacy. A program designed to address prevention, identification, evaluation, treatment, rehabilitation, follow up, and reporting of child abuse and neglect and spouse abuse. The FAPs consist of coordinated efforts designed to prevent and intervene in cases of family distress, and to promote healthy family life. (See DoD Directive 6400.1, reference (c).)
17. Family Advocacy Staff Training (FAST). A joint Service, multidisciplinary training course for entry level FAP staff conducted several times per year. The Army is Executive Agent and the course is conducted by the Academy of Health Sciences. Oversight responsibility rests with the DoD Family Advocacy Committee Training Subcommittee.
18. Family SuPPort Services. Programs to strengthen individual, couple, or family functioning; alleviate marital and/or family stress; and prevent the development of further problems that may lead to child or spouse abuse. (See PSS 2.7 and 2.11, in Chapter 2, below.)
19. Immediately Assessed Cases. High-risk cases requiring immediate protection and FAP services. These cases may be immediately assessed by a Level-Two practitioner (credentialed and privileged professional, in accordance with the Service directive), as being a case of child or spouse abuse, and do not require CRC consensus prior to initiation of protective services. Immediately assessed cases may include, for example, an admission by the offender, admission by the spouse victim, admission by the child victim, or confirmation by a privileged medical practitioner.
20. Level One Intervention. Educationally-based programs and other supportive services provided by the FAP, other military programs, and community services. (See PSS 4.36 and 5.30, Chapters 4 and 5, below.)
21. Level Two Intervention. Clinically-based programs and other treatment services provided by the FAP, other military programs, and community services. (See PSS 4.38 and 5.32, in Chapters 4 and 5, below.)
22. Life Skills Development. A service program designed to develop the abilities and competence an individual needs to function successfully in society. (Examples: How to find and set up an apartment or house; how to establish and maintain a checking or bank account; or budgeting.)

23. Needs Assessment. The process of identifying and evaluating high-risk persons or groups to determine their-special needs. This may include, but is not limited to, surveys, questionnaires, and interviews of relevant individuals, groups, military members in particular geographic areas or military ranks, and military members on special assignment. The needs assessment may also include a review of Service request trends.

24. Open Case. Each report of abuse or neglect shall be considered an open case although the status of the case may change based on the investigation, initial assessment, and whether or not a formal case file has been established. These cases also may be referred to as "established" or "active" cases. The case will remain open until the criteria for closing it have been met in accordance with DoD Instruction 6400.2, reference (a).

25. Program Standard (PS). The PSS in Chapters 1 through 8, below, represent the ideal and effective elements that should guide the development and ongoing operation of a FAP. As such, they are based on a complete review of relevant standards, accepted professional practices, and current military FAP practices. (See the "Introduction", below.)

26. Protection. Safeguarding the victim or potential victim from physical, emotional, and sexual abuse or, in the case of children, neglect. Protection of the alleged victim and others in the household of the alleged victim shall be given the first priority by the FAP.

27. Recantation. The victim of abuse (or any person professing to have observed the abuse) retracts or disavows his or her previous statement on the occurrence of the abuse.

28. Risk. The potential for harm of the victim or potential victim of abuse.

29. Risk Assessment. A clearly-defined process that uses interviews, observations, and evidence to develop an accurate, reliable, understanding (and written description) of whether or not the victim is safe and unlikely to be harmed by the offender(s) in the near future. Risk assessment cannot definitively predict behavior, but can reduce errors in judgment and may be studied over time to lend more accuracy to predictions. Risk assessment shall identify strengths as well as problems and limitations.

30. Severity of Harm. The degree of danger posed by past and present injuries caused by the acts of the offender.

31. Shelter. A facility designated for temporary, emergency housing for victims of abuse. Its use is normally limited to female victims of spouse abuse and her minor children. It is usually one service provided as part of a

more comprehensive response to domestic violence, including counseling and referral. Included in this definition are safe houses. Safe houses are private or government family quarters that the residents have volunteered to make available for abuse victims in an emergency. This arrangement is prearranged and is in compliance with Service and installation regulations.

32. Spouse. A partner in a lawful marriage or a person who is not married but cohabitating with another, when one or both of the partners are employed by, or are military members in, the Department of Defense and are eligible for medical treatment from the DoD. A married person under 18 years of age shall be included in this category.

33. Spouse Abuse. Spouse abuse includes, but is not limited to, assault, battery, threat to injure or kill, or another act of force or violence, or emotional maltreatment of one spouse against the other. Physical, sexual violence, property violence, and psychological violence are defined in PSS 5.11, 5.12, 5.13, and 5.14 (Chapter 5, below).

34. Standards. Standards are designed to be used as goals and objectives based on tested knowledge and approved practice in the various fields of service. Standards are intended to be goals for continuous improvement of services. They represent practices considered to be most desirable in providing a specific area of service. These standards, therefore, are for child-abuse and spouse-abuse services, regardless of the office or setting. They offer a base for examining practices and for evaluating the performance of child- and spouse-abuse agencies and the adequacy of existing services.

35. Time and/or Task Study. An examination of the relationship of a specific task to the span-of-time needed to complete that task. Designed to enhance the planning and accountability for staff and programs.

INTRODUCTION TO THE PROGRAM STANDARDS (PSS)

The Purpose *of* the PSS are as Follows:

A. The Department of Defense has mandated that each of the Military Services establish programs for the prevention, reporting, investigation, assessment, treatment, and follow up of child abuse and neglect and spouse abuse. The programs and services addressing the problems of child abuse and neglect and spouse abuse in the military are collectively referred to as the "Family Advocacy Program (FAP)."

B. The FAP quality assurance (QA) program identifies and puts into operation program and personnel requirements, based on accepted professional standards, that are necessary to ensure that all Military Service personnel and their families are provided family advocacy services equal in quality to the best programs available to their civilian peers.

C. The DoD FAP encompasses a variety of professional disciplines operating in both medical and line settings and on a wide variety of military installations. The PSS in this Manual provide a basis for measuring individual program quality and effectiveness and for systematically projecting fiscal and personnel resources needed to support worldwide DoD FAP efforts.

D. These PSS emerge from those developed by private and public child welfare and family service organizations, including FAP criteria developed by the OSD and the Military Services. Therefore, the PSS should be viewed as representing those elements necessary for effective organization, management, and service delivery programs dealing with child abuse and neglect and spouse abuse.

E. Responsibility for the installation FAP rests with the installation commander and his or her designated FAPO. Unless otherwise assigned, the Commander and the FAPO are responsible for ensuring that the action to be taken in each PS is completed.